

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022938

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3356

FILED JUL 16 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Jackson</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Jackson</b>
c. FULL NAME OF (If NOT in hospital, give location) <b>1005 Bales</b>		d. STREET ADDRESS <b>1005 Bales</b>	
3. NAME OF DECEASED (Type or print) <b>LEWIS VIRGIL CONDIFF</b>		4. DATE OF DEATH Month <b>June</b> Day <b>25</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-28-1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Barber</b>		11. BIRTHPLACE (City and state or country) <b>Casey County, Kentucky U.S.A.</b>	
13a. FATHER'S NAME <b>James S. Condiff</b>		14. NAME OF HUSBAND OR WIFE <b>Lina Condiff</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. INFORMANT <b>Mrs. Lina Condiff</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Septicemia</b> DUE TO (b) <b>Septicemia</b> DUE TO (c) <b>Obstructive jaundice, probably malignant</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Semility</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b> <b>2 wks</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>3:10 PM</b> Month, Day, Year <b>6-25-62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>3401 E 12th KC Mo</b>	
21. I attended the deceased from <b>6-25-57</b> to <b>6-25-62</b> and last saw her alive on <b>6-21-62</b> Death occurred at <b>3:10 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>6-26-62</b>	
22a. SIGNATURE <b>J. M. Haight MD</b>	22b. ADDRESS <b>3401 E 12th KC Mo</b>	22c. DATE SIGNED <b>6-26-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6-27-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rosebank Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Mullberry, Kansas</b>
24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar</b>	25. DATE REC'D. BY LOCAL REG. <b>6-26-62</b>	26. REGISTRAR'S SIGNATURE <b>Ruth H. Long</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

7-9-62

Widowed

Married

DOCUMENT

BY AFFIDAVIT OF Funeral Home

J. M. Haight MD MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

Mr. J. M. Smith  
3401 E. 12th  
Be 1-4822

Dues: 11:30 to 5:00

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James E. Hackleman*

Licensed Embalmer No. 4573

P. O. Address 11. C. 4th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.